

**COLUMBIA HEIGHTS UNITED METHODIST CHURCH
EVENT PERMISSION SLIP**

To Whom it May Concern:

_____ has my permission to go with the
Name of child/youth _____

_____ to the following event _____

Located at _____ date _____

Signature of Parent/Guardian _____

Date _____

Emergency Contact Persons _____ Phone Numbers _____

MEDICAL/HEALTH INFORMATION

Allergies to: insect bites, food, other:

Other pertinent health history information:

Does your child/youth have any conditions that would prevent him/her from fully participating in this program? If yes, please explain:

List any medication to be taken during the event which will be kept by the leaders during the event:

Preferred Doctor _____ Phone Number _____

Preferred Dentist _____ Phone Number _____

Preferred Eye Doctor _____ Phone Number _____

Preferred Hospital _____ Phone Number _____

EMERGENCY MEDICAL AUTHORIZATION

I give my consent for emergency medical treatment by a certified first aider. In the event that additional treatment is needed, the staff of the Emergency Room of the hospital listed above, or one closest to the event location, has my permission to treat my child/youth.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (print) _____

Address _____ Phone _____

Hospital Plan and Group # _____